

A sermon preached by Bishop Brian Farran at the Installation of the Canon Pastor in Christ Church Cathedral September 12th 2010.

Text: Ephesians 4: 13 – ‘until all of us come to the unity of the faith and of the knowledge of the Son of God, to maturity, to the measure of the full stature of Christ.’

The Letter to the Ephesians names a great tension in the life of the Church - ‘until, [*until*]¹ all of us come to the unity of the faith and of the knowledge of the Son of God, to maturity, to the measure of the full stature of Christ.’

The new Pro-Vice Chancellor for Health in the University of Newcastle called upon me last week to introduce himself and to share some of his vision for the development of the Faculty of Health.

Professor Nick Talley is an energizing person and I welcomed the conversation. As Professor Talley reviewed the changes in health delivery and the training of health practitioners, I noticed the similarities between the issues facing the Faculty of Health in a University and the issues facing this Diocese in pastoral care.

I identified these similarities to him for it is apparent that there are and there have to be major paradigmatic shifts if both physical health and spiritual health are to be adequately and successfully addressed for the welfare of the community.

I learned from Professor Talley who has most recently lived in the United States working at the prestigious Mayo Clinic in Jacksonville Florida that the recognized best delivery of health care in the United States for people suffering from diabetes is by teams of nurses in a renowned facility and that reference to the specialists in this facility is through virtual intervention.

The old paradigm of one-to-one consultation with a specialist that distinctly limits the number of consultations has been successfully and productively overturned by the use of trained nurses who can attend to a far greater number of diabetes patients. Team work is fundamental to the new paradigm in health care.

However, Professor Talley indicated there is resistance by practitioners trained in an old model to team work and the development of health care teams. The old model contributes to the crisis of health care delivery that is clogging up the accessibility of patients to care.

The other interesting feature of the change to the training and formation of students in health care is the recognition that health is a whole culture matter. If health care is to be effective, especially as the bulk of patients are not acute but chronic care patients, then health practitioners need to understand the cultures in which they practise and recognize that the whole culture affects the health of all the individuals within it.

For instance, the rise of the fast-food industry can be collated with the obesity issues that confront health care practitioners.

I noted immediately the similarities with the pastoral ministry of the Church. The old paradigm of spiritual care required relationship with one person, the priest. This is and was a self-limiting form of care that has left the legacy of small churches that struggle for their existence.

¹ My emphasis in the repetition of ‘until’.

Churches that have grown are serviced by teams, led by a specialist leader (the parish priest) with distinct and coordinated teams working to deliver the ministry of the Church in the forms required by the particular contexts in which the churches are set.

The development and authorizing by the Bishop of ministry teams is one obvious similarity within the Church with the change of paradigm within health care. The other similarity is allied to the New Testament insight that being a Christian is a corporate experience and not an individual experience.

Being a Christian is to be in a culture that recognizes our fundamental interdependence – that we belong to one another because of our belonging to Christ. This corporate culture - that we belong to one another- is celebrated and named in the chief image used within the New Testament about the Church – the Church is the Body of Christ.

This is the image that was developed in the lesson from the Letter to the Ephesians which was read tonight. The writer of the letter develops the ramifications of the corporate identity that Christians share. The writer details the kind of behaviour that Christians must exercise, especially within the ‘household of faith’, that is, the Church. Further, the writer identifies the goal of all the Church’s ministry to its members – that they will be mature.

This maturity is not an individual attribute. The maturity that the writer identifies as the growth goal is corporate maturity – that the church will be mature. This corporate emphasis recognizes the interdependence that baptism creates and the fact that we are joined together just like the ligaments of a properly functioning body.

The adjective ‘mature’ that is used in the text of this letter is used in the sense of maturity as opposed to infancy. There are references in the New Testament to Christians who are spiritually like infants and who are immature and unstable² and unable to digest full Christian teaching.³

Maturity in the Church is corporate. The writer of the Letter to the Ephesians is advocating a mature church and such maturity comes from ‘unity of the knowledge of the Son of God’, that is, intelligent adult theology that has appreciated the mystery of God’s saving purpose in Christ.

The writer recognizes that this maturity for the Church in Ephesus (and by direct implication for all churches) is not yet realized. This gap in maturity is a symptom of the classic tension that is identified within the New Testament as the gap between ‘the now and the not yet’, the eschatological tension that permeates the entire New Testament.

Each of us and all churches live deeply affected by this eschatological gap –we are not fully sanctified, we are not completely saved, we are not fully mature. Maturity, ‘the stature of the fullness of Christ’ is ahead of us in our formation; it is still the goal, no matter how long we have been Christians or how revered our history as church.

What we require in the Church in order not to sink into depression under the influence of this eschatological tension, ‘the now and the not yet’, is pastoral care that has the goal and the

² See Peter T. O’Brien. 1999. The Letter to the Ephesians. Grand Rapids: Eerdmans, p. 307.

³ See The Letter to the Hebrews 5: 12-14 – ‘For though by this time you ought to be teachers, you need someone to teach you again the basic elements of the oracles of God. You need milk, not solid food; ¹³for everyone who lives on milk, being still an infant, is unskilled in the word of righteousness. ¹⁴But solid food is for the mature, for those whose faculties have been trained by practice to distinguish good from evil.’

capacity to bring us to maturity. This pastoral care has to have a corporate dimension to it in order to reflect vividly and concretely the corporate nature of the Church.

The Church is not a collection of atomized Christians but a community that is bonded together through the adoption that the sacrament of baptism effects and signifies.⁴ Hence, pastoral care has to have a corporate dimension and not imitate the clinical pastoral care that has an individual therapeutic basis and not a theological basis.

But we have all been influenced to think of care more therapeutically than theologically, so our expectations need correcting, if we are to grow into 'the stature of the fullness of Christ'.

Last week besides that stimulating conversation with Professor Talley about the paradigmatic shift in health care training and practice, I also listened to architects briefing the Board of Anglican Care about a proposed aged care development. One architect said 'the model of care you want to practise determines the shape of the building'.

I scribbled down his words just as he uttered them for immediately I thought of the formative impact of the way we do pastoral care in churches. 'The model of care determines the shape'...of the church!

And if the model of care is not directed towards increasing the maturity of the whole Church but is a matter of satiating needy individuals, then what is formed is not a church but a culture that becomes needs-driven and self-focused.

Maturity eludes such a culture and the consequence for such a church is described in this Letter to the Ephesians,

we must no longer be children, tossed to and fro and blown about by every wind of doctrine, by people's trickery, by their craftiness in deceitful scheming.¹⁵ But speaking the truth in love, we must grow up in every way into him who is the head, into Christ,¹⁶ from whom the whole body, joined and knitted together by every ligament with which it is equipped, as each part is working properly, promotes the body's growth in building itself up in love.

Effective pastoral care promotes the growth of the whole church and recognizes that the health (the maturity) of the church is its effective corporate culture that continues the ministry of Jesus.

Pastoral Care within the Church has a distinct theological basis that is driven by the developmental goal of becoming mature, of having sufficient theological knowledge that deals with the buffeting of competing ideas and that recognizes the intensity of God's purposes for humankind focused in Jesus Christ as Saviour. Such theological knowledge gives a secure Christian identity.

Pastoral Care within the Church purposes to form a corporate culture that relishes our interdependence as Christians forged from our common baptism. Pastoral Care within the Church is not practised by individual specialists but by teams of carers who take seriously their mutuality in Christian Faith.

⁴ See *A Prayer Book for Australia*. Article XXVII '...they that receive Baptism rightly are grafted into the Church; the promises of forgiveness of sins, and of adoption to be sons of God by the Holy Ghost, are visibly signed and sealed...' p.831.

This model of care directed towards the realization of the maturity of the Church within the turbulence of the tension of 'the now and not yet' determines the body shape of the church. The New Testament imperative for the practice of pastoral care within the Church is to keep the body shape of the Church.

The Canon Pastor and the teams he will lead are to practise spiritual health care that checks the anorexic individualistic view of Christian life and that works towards corporate maturity – the vision for the Church in the Letter to the Ephesians.

We are to come, all of us, to the unity of the faith and of the knowledge of the Son of God, to maturity, to the measure of the full stature of Christ. That is the apostolic expectation of pastoral care.